

## DINING PLAN

Name:

Home:

Revised Date: 12-8-05

### CHOKING:

**Behavioral Precautions – [including special table or environment]:** Occasionally stomps feet and bites fingers when upset; will shake head “no” to refuses food/activity; self-stimulatory behavior-able to verbally redirect.

**FOOD TEXTURE:** Pureed

### FLUID TEXTURE:

- Thick-it to fluids to **Honey** Consistency if gel not available.
- Gels are preferred method of fluids, however, \_\_\_\_\_ can tolerate honey-thick liquids. If using honey-thick liquids, offer them in a small mosey cup
- If using pudding or gel thickness, offer them in a coated spoon.

**CALORIE RESTRICTION:** 1200 low cholesterol

### SUPPLEMENTS:

- Applesauce and bran at breakfast
- Prunes every meal [no other fruit or desert]

### EATING:

- Requires total set-up and assistance for meals.
- Wears neck napkin
- Staff should be seated at eye-level
- Present food at level of lips and say “take a bite”. Once he takes a bite say “good bite”.
- Ignore negative behavior “head shaking”, reward positive behavior “taking a bite”.
- Has a tendency to bite the spoon.
- Apply gentle downward pressure on the tongue with the bowl of the spoon during each bite to reduce biting.
- If \_\_\_\_\_ tilts head backward during meal, staff should reposition his head, and check to assure mouth is cleared prior to offering more food. Respect \_\_\_\_\_ refusal.
- Staff may touch his chin while verbally cueing him to take a bite, however, he **SHOULD NOT** be forced in any way to eat.

### DRINKING:

- No fluids on tray; Gels per memo
- Gels are preferred method of fluids, however, \_\_\_\_\_ can tolerate honey-thick liquids.
- **DO NOT** discourage coughing

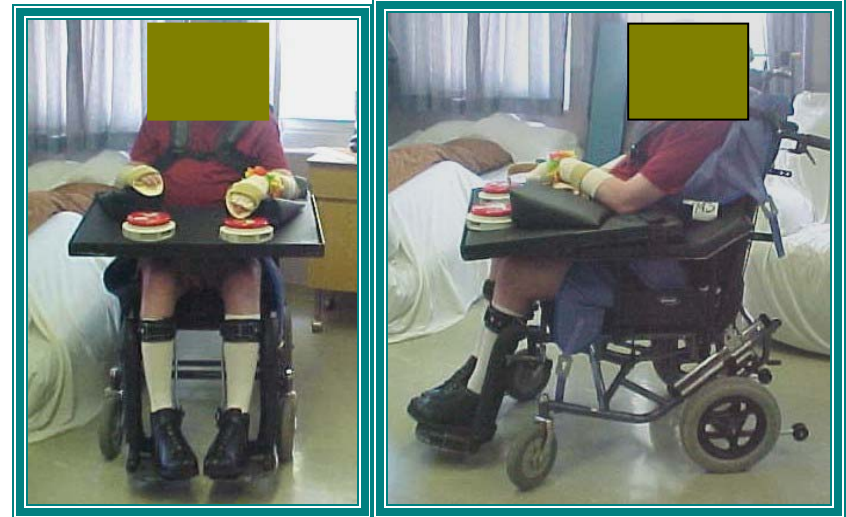
**SPECIFIC SKILLS TO MAINTAIN/ACQUIRE:** Encourage Choice Making

### COMMUNICATION:

- Vocalizations
- Facial expressions, behavioral; head shakes yes/no are not always communicative.



He uses a coated spoon for eating his food and his gelled liquids. If he is drinking **honey** thick liquids, he uses a small nosey glass.



\_\_\_\_\_ sits upright in his wheelchair using his seat belt, chest harness, headrest, and shoes with braces when he eats. **He may remove his lap tray and his splints for eating.**

### TRIGGERS To Notify Nursing Staff:

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>• Bottom not back in wheelchair</li><li>• Coughing with signs of struggle (watery eyes, drooling, facial redness)</li><li>• Wet vocal quality</li><li>• Vomiting</li><li>• Sudden change in breathing</li><li>• Watery eyes</li></ul> | <ul style="list-style-type: none"><li>• Total meal refusals (X 2)-nursing notified</li><li>• Pocketing of food in mouth</li><li>• Hyper extends neck despite use of compensatory strategies</li><li>• Weight loss/gain of 5lbs in a month</li></ul> |
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**IF APPROPRIATE EQUIPMENT IS NOT AVAILABLE OR YOU ARE UNSURE OF HOW TO IMPLEMENT THIS PLAN CONTACT YOUR SUPERVISOR**